

**OFFICER'S BATTERY REPORT**  
CHICAGO POLICE DEPARTMENT

RD NO.

**HZ279172**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

| OFFICER INFORMATION   |                                   | INCIDENT INFORMATION   |  |   |  |   |
|---|-----------------------------------|--|--|---|--|---|
| NAME (LAST - FIRST - M.I.)<br><b>GARLINGTON, CONWAY L</b>   |                                   | <input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR<br>ADDRESS OF OCCURRENCE<br><b>6712 S STONY ISLAND AVE</b>   |  |   |  |   |
| STAR NO.<br><b>4553</b>   | POSITION<br><b>POLICE OFFICER</b> | CITY <input checked="" type="checkbox"/> CHICAGO      STATE (If outside Chicago)<br><input type="checkbox"/><br>LOCATION CODE<br><b>277-PARKING LOT/GARAGE(NON.RE</b> BEAT OF OCCURRENCE<br><b>0332</b>  |  |   |  |   |
| DATE OF APPOINTMENT<br><b>13-DEC-1999</b>   | EMPLOYEE NO.<br>[REDACTED]        | DATE OF OCCURRENCE      TIME<br><b>25-MAY-2016</b> <b>13:27:00</b> DAY OF WEEK<br><b>WEDNESDAY</b>   |  |   |  |   |
| UNIT OF ASSIGNMENT<br><b>003</b>  | BEAT/CALL NO.                     | NO. OF OFFICERS BATTERED <u>1</u><br>WERE THERE ASSISTING UNITS ON SCENE?    1. <input checked="" type="checkbox"/> YES    2. <input type="checkbox"/> NO<br>IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT<br>AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <u>12</u>   |  |   |  |   |
| SEX<br><input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F      RACE<br><b>BLACK</b>   |                                   | DOB<br>[REDACTED]  |  |   |  |   |
| HEIGHT<br><b>507</b>  | WEIGHT<br><b>227</b>              |  |  |   |  |   |
| TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED  |                                   |  |  |   |  |   |
| <input type="checkbox"/> 1. ON DUTY<br><input type="checkbox"/> A. UNIFORM, PATROL DUTY<br><input type="checkbox"/> B. UNIFORM, OTHER DUTY<br>Describe _____<br><br><input checked="" type="checkbox"/> C. CITIZEN'S DRESS<br><input type="checkbox"/> D. TACTICAL<br><input type="checkbox"/> E. B.I.S. UNIT<br><input type="checkbox"/> F. SPECIAL EMPLOYMENT<br><input type="checkbox"/> G. OTHER _____  |                                   | WORKING:<br><input type="checkbox"/> A. ALONE<br><input type="checkbox"/> B. WITH ONE PARTNER<br><input type="checkbox"/> C. WITH MULTIPLE PARTNERS<br>How many?<br><br>PATROL TYPE:<br><input type="checkbox"/> A. SQUAD CAR<br><input type="checkbox"/> B. FOOT<br><input type="checkbox"/> C. BICYCLE<br><input type="checkbox"/> D. APV/MOTORCYCLE<br><input type="checkbox"/> E. SQUADROL<br><input type="checkbox"/> F. OTHER _____                |  | <b>MANNER OF ATTACK</b><br><input type="checkbox"/> 01. SHOT<br><input checked="" type="checkbox"/> 02. SHOT AT<br><input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT)<br><input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT)<br><input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS) |  |   |
| <input checked="" type="checkbox"/> 2. OFF DUTY<br><input type="checkbox"/> 3. SPECIAL EMPLOYMENT<br><input type="checkbox"/> 4. SECONDARY / OTHER  |                                   |  |  |   |  |   |
| TYPE OF ACTIVITY  |                                   |  |  |   |  |   |
| <input type="checkbox"/> A. AMBUSH -NO WARNING<br><input type="checkbox"/> B. TRAFFIC STOP/PURSUIT<br><input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON<br><input type="checkbox"/> D. DISTURBANCE - DOMESTIC<br><input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT<br><input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER<br><input type="checkbox"/> G. DISTURBANCE - OTHER<br><input checked="" type="checkbox"/> H. MAN WITH A GUN<br><input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify)<br>CHARGE _____      IUCR CODE _____ |                                   | (Check all that apply):<br><input checked="" type="checkbox"/> A. FIREARM CALIBER<br><b>9 MM</b> _____      D. HANDS/FISTS<br><input type="checkbox"/> B. VEHICLE      E. FEET<br><input type="checkbox"/> 1. REVOLVER      F. MOUTH (SPIT, BITE, ETC.)<br><input checked="" type="checkbox"/> 2. SEMI-AUTOMATIC      G. VERBAL THREAT (ASSAULT)<br><input type="checkbox"/> 3. RIFLE      H. OTHER (SPECIFY)<br><br><input type="checkbox"/> 4. SHOTGUN |  |   |  |   |
| <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify)<br>ORIGINAL CHARGE _____      ORIGINAL IUCR CODE _____  |                                   | <b>TYPE OF WEAPON/THREAT</b><br><br>FIREARM USE INFORMATION      (Check all that apply):<br><input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT<br><input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED<br><input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON  |  |   |  |   |
| <input type="checkbox"/> K. OTHER   |                                   |  |  |   |  |   |
| OFFENDER INFORMATION  |                                   |  |  |   |  |   |
| SEX<br><input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F      RACE<br><b>BLACK</b>   |                                   | DOB<br><br>CB NO.      IR NO.  |  |   |  |   |
| TYPE OF INJURY TO OFFICER   |                                   |  |  |   |  |   |
| <input type="checkbox"/> A. FATAL<br><input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries)<br><input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions)<br><input type="checkbox"/> D. NONE APPARENT/NONE   |                                   | WAS THE OFFENDER'S ACTIVITY:<br>DRUG RELATED?      GANG RELATED?<br><input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES<br><input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO<br><input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN<br><br>NO. OF OFFENDERS PRESENT? <u>1</u>  |  |   |  |   |
| LIGHTING CONDITIONS AT INCIDENT   |                                   |  |  |   |  |   |
| <input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK<br><input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT<br><br><input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR<br><input type="checkbox"/> <input type="checkbox"/> 2. GOOD  |                                   | <b>WEATHER CONDITIONS</b><br><br><input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER<br><input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL<br><input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND  |  |   |  |   |
|   |                                   |  |  |   |  | APPROXIMATE OUTDOOR TEMPERATURE: <b>85 °F</b> |

**OFFENDER SHOT AT THREE M/1'S, THEN OFFENDER POINTED HIS WEAPON AT P.O. C.L. GARLINGTON,III #4553.END.**

REPORTING MEMBER - SIGNATURE  
**GARLINGTON, CONWAY L**

STAR NO.  
**4553**

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
**PENA, MARIA C**

**309**